## **CITY OF EAST CHICAGO**

Anthony Copeland, Mayor



Nelson Cardona Chief Operator

5201 Indianapolis Boulevard East Chicago, IN 46312 Phone: (219) 391-8466

Fax: (219) 391-8254

Email: ncardona@eastchicago.com

February 7, 2014

EPA – Region 7 ATTN: BIOSOLIDS CENTER WWPD/WENF 11201 Renner Boulevard Lenexa, Ks 66219

Re: Part 503 Annual Report

Gentlemen:

Enclosed herewith is the annual report of sludge activities as required by 40 CFR, Part 503.

If there are any questions concerning this matter, feel free to contact our offices at (219) 391-8466.

Sincerely,

Nelson Cardona

- Norther Carden

**Chief Operator** 

**Enclosure** 

NAME	NAME/ADDRESS EAST CHICAGO SANITARY DISTRIC				NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM T WWTP DISCHARGE MONITORING REPORT (DMR)				M (NPDES) Form Approved OMB No. 2040-0004						
ADDRESS	BOARD OF SANITARY COMM 4525 INDIANAPOLIS BLVD EAST CHICAGO IN 463			Revised:		IN0022829 PERMIT NUMBE		SLD P R PERMITTED FEATURE		TO THE TOTAL PROPERTY OF THE P			TEMPO AI ID: 24442  9 S L D P 1 2 2 0 1 3 *		
FACILITY LOCATION	EAS'	ΓCE ΓCE	IICAGO M IICAGO	IUNICIPAL WWTP IN	012			YEAR		DAY YEAR	*** Mark box if	For any ques	ions ca	all Gary Starks	2 2 0 1 3 * at 317-232-8694 ***
ATTN:	RAM		on Cardona E <b>R</b>	<u>.                                    </u>	QUANT	ITY OR LO	01/01 ADING			/31/13	NOT NCENTRATION	E: Read Instru		efore completing t	
			· · · · · · · · · · · · · · · · · · ·	T	Average	Maxir		Units	Minimum	Average	Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
Ann. amt slu by other me	ethod			SAMPLE MEASUREMENT	*****			metric t/yr	*****	*****	*****				
<b>49017</b> Sludge	S	0	0	PERMIT REQUIREMENT			Report MAXIMUM								
Annual amt incinerated	of slu	dge		SAMPLE MEASUREMENT	*****			metric t/yr	*****	*****	*****				
<b>49018</b> Sludge	S 0	0	0	PERMIT REQUIREMENT			Report AXIMUM							ļ — · — · · · ·	
Annual slud total	ge pro	duc	tion,	SAMPLE MEASUREMENT	*****			metric t/yr	*****	*****	*****				
<b>49019</b> Sludge	S	0	0	PERMIT REQUIREMENT		Repo						 			
Annual amoland applied			_	SAMPLE MEASUREMENT	*****			metric t/yr	*****	*****	*****		_		
<b>49020</b> Sludge	S (	)		PERMIT REQUIREMENT		Repo MAXIM						_  	ľ	-	
Annual amt. disposed sur				SAMPLE MEASUREMENT	*****			metric t/yr	*****	*****	*****				
<b>49021</b> Sludge	S (	)	0	PERMIT REQUIREMENT		Repo		-				_			
Annual amt s disposed in l				SAMPLE MEASUREMENT	*****	5 zsz.	لون	metric t/yr	*****	*****	*****			1/	
	S	0	0	PERMIT REQUIREMENT	N.	Repo MAXIM		- Jy1				<u> </u>	Ø	'/MO	Grzb
Annual amt s	sludge			SAMPLE	*****			metric	*****	*****	*****	+		<del></del>	

t/yr

Report

MAXIMUM

I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

MEASUREMENT

PERMIT

REQUIREMENT

	NAME AND TITLE OF PRI AUTHO	TELEPHONE	DATE			
	NECTON CARDONA Chief Operation	Willow Carlon	217 391.846	حن	65	j4
_	TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	мо	DAY	YEAR

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS

transported interstate

49023 S

Sludge

(Reference all attachments here)